

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09

FILING DATE

807225

APPLICANT

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	2		2	2		
6	2		2	2		
7	0		0	4		
8	0		0	4		
9			1			
10			1			
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TOTAL IND.	1		1			
TOTAL DEP.	9	↔	11	↔	17	↔
TOTAL CLAIMS	10	2	12	2	18	2

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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